



- 1 University of Kentucky Hospital A.B. Chandler Medical Center
- 1 UK HealthCare Good Samaritan Hospital
- 1 UK HealthCare Ambulatory Services
- 1 UK Dental and Oral Health Clinics

**COMPREHENSIVE VASCULAR CLINIC  
NEW PATIENT REFERRAL FORM**

(Patient Label Here)

**Comprehensive Vascular Clinic  
740 S. Limestone  
Phone: 859-218-6388  
Fax: 859-323-7755**

Patient must have an open wound to be appropriate for referral. Medical Record #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

	Yes	No	Does patient have home health? _____
Is patient diabetic?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Name & Phone of Home Health _____
Is patient oriented?	<input type="checkbox"/>	<input type="checkbox"/>	
Is patient ambulatory?	<input type="checkbox"/>	<input type="checkbox"/>	Name of Home Health Agency/Provider _____
Is patient being brought by EMS?	<input type="checkbox"/>	<input type="checkbox"/>	Home Health Phone Number _____
Is patient from facility?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, Name and Phone of Facility _____			
	Home Health Phone Number		Facility Phone Number

Does patient use:  Wheelchair  Walker  Stretcher Interpreter needed?  Yes  No

How does the patient transfer? \_\_\_\_\_

Diagnosis:  Pressure Ulcer  Ischemic Wound  Surgical Wound  Traumatic Wound  
 Diabetic Ulcer  Wound Flap  Venous  Burn  
 Other: \_\_\_\_\_

Location / Comments: \_\_\_\_\_  
 \_\_\_\_\_

Referring Provider: \_\_\_\_\_  
 (Provider Name) (Provider Phone Number)

Referring Provider's Signature: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_